

**Detroit Cable Communications Commission
Application for a Modification and Expansion**

Date: _____

Name: _____

Mailing Address: _____

Telephone Number: _____

Fax Number: _____

Original Application/Permit Number:

Describe the nature of the modification:

Period of modification:

If this is an expansion please provide a detailed description, map, and engineering drawings of new areas served. You must also describe or demonstrate why an expansion is required, identifying both (1) the exceptional or extraordinary circumstances why the expansion will not be detrimental to the public health, safety, and welfare; and (2) why the expansion will not impair the intent and purpose of the Permit and local ordinances.

Who should approve this modification/expansion (check one):

- ☐ Administration (Executive Director)
☐ City Council

